

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

SOUTH DAKOTA DEMOCRATIC LEADERSHIP FEDERAL COMMITTEE

ADDRESS (number and street)

P. O. BOX 16194

☐

(Check if address
is changed)

PLANTATION

FL

33318

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address
is changed)

DemocraticLeadershipCommittees@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

2. DATE 10th ' 17th ' 2012

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ALEXANDER CLINTON

Signature of Treasurer

Alexander Clinton

Date

10th ' 17th ' 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

Candidate Committee:

- Name of Candidate _____

District

- Name of Candidate _____

(d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

☐ In addition, this committee is a Lobbyist/Registrant PAC.

- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

(h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

[illegible]

Write or Type Committee Name

SOUTH DAKOTA DEMOCRATIC LEADERSHIP FEDERAL COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

ALEXANDER CLINTON

Mailing Address

P. O. BOX 16194

PLANTATION

FL

33318

Title or Position

CITY

STATE

ZIP CODE

CHIEF FINANCIAL OFFICER

Telephone number

954

279

7552

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

ALEXANDER CLINTON

Mailing Address

P. O. BOX 16194

PLANTATION

FL

33318

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

954

279

7552

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

8181 WEST BROWARD BLVD

PLANTATION

FL

33324

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030933230

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

APL
PREPARER

10/25/12
DATE PREPARED